

On the television soap opera "Saints and Sinners," the characters talk about AIDS. In newspapers and on the radio, the new government has launched an ad campaign that talks about it, too. The ads say: "Three people die every five minutes from AIDS in Kenya. What are you doing about it?"

Kenyan doctors now hand out condoms in bars and talk about prevention over warm Tusker beer. Even the national museum is addressing the issue, running an exhibit this month on how treatment and prevention improve the lives of patients.

"All of my friends say using condoms is like eating a banana with the skin on," said Walter Koga, 22, a jobless man who was hanging out with his friends at a barbershop in Kangemi. "Men just won't wear them because of stubbornness. People say it's not manly. But attitudes are changing. People don't want to be diseased, suffer horribly and die. I actually thought I would never wear one and now I do. I've changed."

As a group of Koga's friends gathered to joke about how they still don't want to use condoms, Lucy Wanjiku hovered nearby, listening. She folded her arms over her chest and rolled her eyes. She told a group of women standing nearby about a friend of hers who had asked a man to use a condom and ended up getting beaten.

She wanted to tell Koga's friends to stop joking, but she didn't. Instead she went inside her dark metal shack to rest. She was too sick and weak to fight with them.

Mr. LANTOS. Mr. Speaker, I yield back the balance of my time.

Mr. HYDE. Mr. Speaker, I want to thank my friend, the gentleman from California (Mr. LANTOS), for his generosity. Believe me, he is indispensable to this effort, too.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. LAHOOD). All time for debate has expired.

Pursuant to the order of the House of Tuesday, May 20, 2003, the previous question is ordered.

The question is on the motion offered by the gentleman from Illinois (Mr. HYDE).

The motion was agreed to.

A motion to reconsider was laid on the table.

CORRECTING THE ENROLLMENT OF H.R. 1298, UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA ACT OF 2003

Mr. HYDE. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the Senate concurrent resolution (S. Con. Res. 46) to correct the enrollment of H.R. 1298, and ask for its immediate consideration in the House.

The Clerk read the title of the Senate concurrent resolution.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

The Clerk read the Senate concurrent resolution, as follows:

S. CON. RES. 46

Resolved by the Senate (the House of Representatives concurring). That the Secretary of the Senate, in the enrollment of the bill (H.R. 1298) to provide assistance to foreign

countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes, shall make the following correction: In section 202(d)(4)(A)(i), strike "from all other sources" and insert "from all sources".

The Senate concurrent resolution was concurred in.

A motion to reconsider was laid on table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Record votes on postponed questions will be taken later today.

CHILD MEDICATION SAFETY ACT OF 2003

Mr. BURNS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1170) to protect children and their parents from being coerced into administering psychotropic medication in order to attend school, and for other purposes, as amended.

The Clerk read as follows:

H.R. 1170

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Child Medication Safety Act of 2003".

SEC. 2. REQUIRED POLICIES AND PROCEDURES.

(a) IN GENERAL.—As a condition of receiving funds under any program or activity administered by the Secretary of Education, not later than 1 year after the date of the enactment of this Act, each State shall develop and implement policies and procedures prohibiting school personnel from requiring a child to obtain a prescription for substances covered by section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) as a condition of attending school or receiving services.

(b) RULE OF CONSTRUCTION.—Nothing in subsection (a) shall be construed to create a Federal prohibition against teachers and other school personnel consulting or sharing classroom-based observations with parents or guardians regarding a student's academic performance or behavior in the classroom or school, or regarding the need for evaluation for special education or related services under section 612(a)(3) of the Individuals with Disabilities Education Act (20 U.S.C. 1412(a)(3)).

SEC. 3. DEFINITIONS.

In this Act:

(1) CHILD.—The term "child" means any person within the age limits for which the State provides free public education.

(2) STATE.—The term "State" means each of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico.

SEC. 4. GAO STUDY AND REVIEW.

(a) REVIEW.—The Comptroller General of the United States shall conduct a review of—

(1) the variation among States in definitions of psychotropic medication as used in regard to State jurisdiction over public education;

(2) the prescription rates of medications used in public schools to treat children diagnosed with attention deficit disorder, attention deficit hyperactivity disorder, and other disorders or illnesses;

(3) which medications used to treat such children in public schools are listed under the Controlled Substances Act; and

(4) which medications used to treat such children in public schools are not listed under the Controlled Substances Act, including the properties and effects of any such medications and whether such medications have been considered for listing under the Controlled Substances Act.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall prepare and submit a report that contains the results of the review under subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. BURNS) and the gentleman from California (Ms. WOOLSEY) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia (Mr. BURNS).

GENERAL LEAVE

Mr. BURNS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1170.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. BURNS. Mr. Speaker, I yield myself such time as I may consume.

Today we are considering H.R. 1170, the Child Medication Safety Act, which will prevent school personnel from requiring a child to obtain a prescription for a controlled substance in order to remain in the classroom. I would first like to thank Chairman BOEHNER and Speaker HASTERT for their support of this legislation and Subcommittee Chairman CASTLE for conducting an important hearing on this bipartisan bill.

In recent decades there has been a growing number of children diagnosed with attention deficit disorder and attention deficit hyperactivity disorder and then treated with medications such as Ritalin and Adderall. When a licensed medical professional properly diagnoses a child as needing these drugs, the administration of the drugs may be entirely appropriate and very beneficial. While these medications can be helpful, they also have the potential for serious harm and abuse, especially for children who do not need these medications. In many instances, school personnel freely offer diagnosis for ADD and ADHD disorders and urge parents to obtain drug treatment for the child.

Sometimes officials even attempt to force parents into choosing between medicating their child and remaining in the classroom. This is unconscionable. School personnel may have good intentions, but parents should never be required to decide between their child's education and keeping them off potentially harmful drugs. School personnel